

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212539357						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Rivermine Software, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: C T CORPORATION SYSTEM 4701 COX ROAD SUITE 301 GLEN ALLEN, VA 23060</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 10/31/2012</p> <p>SCC ID NO: F1564337</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>377,574,038</td> </tr> <tr> <td>PREFER</td> <td>312,986,849</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	377,574,038	PREFER	312,986,849
CLASS	AUTHORIZED							
COMMON	377,574,038							
PREFER	312,986,849							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 3975 FAIR RIDGE DR STE 350 SOUTH</p> <p style="text-align: center;">CITY/ST/ZIP: FAIRFAX, VA 22033</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOHN MESBERG TITLE: PRESIDENT ADDRESS: 4600 LAKEHURST COURT CITY/ST/ZIP/CO: DUBLIN, OH 43016 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JOHN MESBERG TITLE: PRESIDENT ADDRESS: 4600 LAKEHURST COURT CITY/ST/ZIP/CO: DUBLIN, OH 43016	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR	
NAME: JOHN MESBERG TITLE: PRESIDENT ADDRESS: 4600 LAKEHURST COURT CITY/ST/ZIP/CO: DUBLIN, OH 43016	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROQUE MARTIN TITLE: VICE PRESIDENT ADDRESS: 150 KETTLETOWN RD, CITY/ST/ZIP/CO: SOUTHURY, CT 06488 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ROQUE MARTIN TITLE: VICE PRESIDENT ADDRESS: 150 KETTLETOWN RD, CITY/ST/ZIP/CO: SOUTHURY, CT 06488	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR	
NAME: ROQUE MARTIN TITLE: VICE PRESIDENT ADDRESS: 150 KETTLETOWN RD, CITY/ST/ZIP/CO: SOUTHURY, CT 06488	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MICHAEL A. PELLINI TITLE: SECRETARY ADDRESS: 170 TRACER LANE CITY/ST/ZIP/CO: WALTHAM, MA 02451 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: MICHAEL A. PELLINI TITLE: SECRETARY ADDRESS: 170 TRACER LANE CITY/ST/ZIP/CO: WALTHAM, MA 02451	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR	
NAME: MICHAEL A. PELLINI TITLE: SECRETARY ADDRESS: 170 TRACER LANE CITY/ST/ZIP/CO: WALTHAM, MA 02451	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CHRISTOPHER O'NEILL TITLE: ASST SECRETARY ADDRESS: 294 ROUTE 100 CITY/ST/ZIP/CO: SOMERS, NY 10589 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: CHRISTOPHER O'NEILL TITLE: ASST SECRETARY ADDRESS: 294 ROUTE 100 CITY/ST/ZIP/CO: SOMERS, NY 10589	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR	
NAME: CHRISTOPHER O'NEILL TITLE: ASST SECRETARY ADDRESS: 294 ROUTE 100 CITY/ST/ZIP/CO: SOMERS, NY 10589	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARK GOLDSTEIN TITLE: ASST SECRETARY ADDRESS: 1 NEW ORCHARD ROAD CITY/ST/ZIP/CO: ARMONK, NY 10504 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: MARK GOLDSTEIN TITLE: ASST SECRETARY ADDRESS: 1 NEW ORCHARD ROAD CITY/ST/ZIP/CO: ARMONK, NY 10504	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR	
NAME: MARK GOLDSTEIN TITLE: ASST SECRETARY ADDRESS: 1 NEW ORCHARD ROAD CITY/ST/ZIP/CO: ARMONK, NY 10504	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT DEL BENE TITLE: TREASURER ADDRESS: 1 NEW ORCHARD ROAD CITY/ST/ZIP/CO: ARMONK, NY 10504 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ROBERT DEL BENE TITLE: TREASURER ADDRESS: 1 NEW ORCHARD ROAD CITY/ST/ZIP/CO: ARMONK, NY 10504	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR	
NAME: ROBERT DEL BENE TITLE: TREASURER ADDRESS: 1 NEW ORCHARD ROAD CITY/ST/ZIP/CO: ARMONK, NY 10504	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAMELA BESHOORY ASST TREASURER 1 NEW ORCHARD ROAD ARMONK, NY 10504	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EVARISTUS MAINSAH ASST TREASURER 1 NEW ORCHARD ROAD ARMONK, NY 10504	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY C. BOMBERGER DIRECTOR 1 NEW ORCHARD ROAD ARMONK, NY 10504	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARCHIE W. COLBURN DIRECTOR 1 NEW ORCHARD ROAD ARMONK, NY 10504	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN J. REARDON DIRECTOR 1 NEW ORCHARD ROAD ARMONK, NY 10504	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ MICHAEL A.PELLINI		MICHAEL A.PELLINI,		10/12/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					